



**HERSHKOVITZ & ASSOCIATES, LLC
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In re application of : D. Ion DEGERATU et al. Conf. No.: 7152
Application No. : 10/587,209 Group Art Unit: 3769
Filed : July 25, 2006 Examiner: Jeffrey Brian LIPITZ
For : MEDICAL APPARATUS WITH LIGHT FLUX FOR BIOLOGICAL TREATMENTS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith are an **IDS, Substitute Form PTO/1449 and REFERENCES** in the above-captioned application.

The fee has been calculated as shown below:

Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
			Rate	Fee	Rate	Fee
Total Claims:			x 25=	\$	x 50=	\$
Indep. Claims:			x 105=	\$	x 210=	\$
Multiple Dependent Claims Presented			+185=	\$	+375=	\$
IDS Submission			180	\$	180	\$ 180
			Total:	\$	Total:	\$ 180

Please charge my Deposit Account No. **50-2929** for any fees necessitated by this submission.
 A Check in the amount of \$ __ to cover the necessary fee is included.
 The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-2929**:

Any additional filing fees required under 37 C.F.R. 1.16.
 Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

June 15, 2009

Date

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